PINK WINGS OF HOPE'S 10TH ANNIVERSARY GALA

JOURNEY OF HOPE

SATURDAY, NOVEMBER 2, 2019

Please list all the names (print clear) that you write check for this event.		
	First Name	**Last Name**
1		
2		
3		
4		
5		
6		
7		
8		

Ticket(s) Purchaser Information

Name:_____ Email: _____

Street: _____ City: _____ State: _____ Zip Code: _____

How many tickets? _____ x $100 each = $_____ Total

Terms and Conditions

Purchase of the ticket(s) to gain entry to the event signifies agreement to the following terms and conditions:

1. I understand that all tickets are subject to the Rules and Regulations of DEAF Inc., Pink Wings of Hope (PWOH) and GSLAD.
2. I understand that all ticket sales are final and nonrefundable.
3. I understand that DEAF Inc., Pink Wings of Hope (PWOH) and/or GSLAD reserve the right to refuse admission to any person and to remove persons from the premise for any reason where necessary.
4. I understand that admission to the event is at the ticket holder's own risk. Neither DEAF Inc., Pink Wings of Hope (PWOH) or GSLAD shall be liable for any loss, injury or damage sustained within the premises. Accordingly, I hereby hold harmless and release DEAF Inc. from all claims which I have or may have in the future related to the event.
5. I understand that DEAF Inc. may take photographs or video at the event, and all persons attending this event may be included in such images. I also understand that such images may be used by DEAF Inc. for promotional or other purposes. I therefore hereby grant DEAF Inc. permission to use my photograph in any and all publications without payment or any other consideration in perpetuity.

Please write check to DEAF, Inc. Mail the check and this form to the address shown below:

DEAF, Inc.
c/o Pink Wings of Hope Gala
25 E. Frisco Avenue
St. Louis, MO 63119